

OVERDOSE CRISIS SURVEY QUESTIONNAIRE

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Expanding Access to Naloxone & Overdose Prevention Education

1. Since August 1996, the Chicago Recovery Alliance (CRA) has been distributing the life-saving overdose reversal medication naloxone directly to individuals best positioned to respond in the event of a fatal overdose that is people who use drugs (PWUD) as well as friends, family members, and providers of PWUD. Under the Illinois Drug Overdose Prevention Program Law (PA 096-0361, 2010), laypersons are permitted to carry and administer naloxone in the event of an overdose. In 2018, CRA distributed nearly 100,000 doses of naloxone, trained roughly 3300 people, and received reports of more than 1,000 nonmedical, peer-facilitated overdose reversals. Despite the numerous lives saved by naloxone, numerous barriers persist in accessing this life-saving medication in Chicago. Some of these barriers include the prohibitive cost of the medication, lack of training on how to use it, lack of knowledge around overdose risk, not knowing how to access it, and simply not knowing that the antidote exists.

How will you support naloxone distribution and overdose education for the City of Chicago?

A – As we all know, the decision about who may administer any particular drug is regulated by a number of government agencies. Any change in this permission needs to be carefully considered by medical professionals and pharmaceutical experts. My personal feelings or outlook needs to be second to those professional judgements. I will encourage my Commissioner of Health to do whatever is possible to make these lifesaving drugs available to the lowest point of use possible.

Expanding Access to Medication-Assisted Treatment

2. Medication-Assisted Treatment (MAT), also known as Opioid Substitution Therapy (OST) consists of combining medication and behavioral therapy in order to support individuals with opioid use disorder (OUD) achieve recovery. These evidence-based treatment interventions include FDA-approved medications such as buprenorphine and methadone. When combined with behavioral therapy, these medications are associated with a number of positive outcomes including but not limited to decreased overdose risk, decreased infectious disease transmission, increased positive birth outcomes for women who are pregnant, decreased use of illicit substances, and increased employability. A third FDA-approved medication exists that is known as naltrexone or Vivitrol. Naltrexone is a newer medication and unlike buprenorphine and methadone functions solely as an opioid antagonist and has yet to demonstrate its efficacy in preventing opioid related mortality. For this reason, we do not recommend the use of naltrexone to treat people with OUD. Despite the overwhelming evidence in favor of methadone and buprenorphine, tremendous obstacles stand in the way of people accessing these interventions, not the least of which is stigma and misconceptions about MAT.

How will you support expanded access to MAT?

A – Again, medical professionals will need to submit their expert recommendations regarding the proper administration of drugs that are used to combat drug addiction. I support the highest and best treatment for our citizens and I know that those standards will change over time. We can commit to choosing the best medical professionals in the country and directing them to ensure we have top notch treatment to reduce healthcare costs and save lives.

Legalizing Syringe Services Programs

3. Syringe services programs or SSPs (also known as needle/syringe exchange programs or N/SEPs) provide community-level access to sterile syringes as well as safe disposal services for used equipment. SSPs are cost-effective, public health interventions that prevent the spread of infectious diseases such as HIV and hepatitis and reduce the presence of bacterial and other infections often related to injection drug use. These interventions also function as drop-in centers where PWUD can go to get support for other critical needs such as substance use and mental health treatment referrals, housing resources, and STI and hepatitis screening and linkage to care. Despite all the evidence supporting these programs, SSPs remain illegal in the state of Illinois and therefore can only operate via research exemption, thus greatly impeding the full-scale impact of these programs.

How will you support the legalization of sterile syringe access for Chicago as well as statewide? How will you ensure that the City of Chicago continues to publicly fund sterile syringes for distribution?

A – Promoting good health is a process, not a single decision. Accepting that IV drug users are going to re-use needles until and if they have another option, is the first reality check. One realistic option is to work collaboratively with a professional program that will help in the streamline and efficiency of this issue. It makes sense to me that we help residents that are in need of this type of medical equipment to stay healthy, first, and avoid the diseases that can come from re-using disposable supplies. To enforce this concept while they commit themselves to the work of recovery from their addiction, supplying clean needles and syringes can lead to saving lives and showing much needed compassion towards this population and its challenges.

Supporting Overdose Prevention Centers

4. An overdose prevention center or OPC (also referred to as safer consumption sites or drug consumption rooms) is a protected location where PWUD can consume their drugs safely under the supervision of trained personnel. OPCs are evidence-based interventions used to reduce drug overdoses as well as other drug-related harms. These interventions exist in a variety of models such as fixed site, mobile, and temporary pop-up units and have been in operation for over 30 years around the world. More than 100 such sites exist worldwide, and all research indicates significant benefits. They are associated with a decrease in overdose, public drug use, incarceration, drug litter, HIV and Hepatitis C transmission, increased drug treatment admission, and no increase in drug use. While no such program has ever legally existed in the United States, several U.S. cities have declared their support for this intervention and others have secured municipal approval to proceed with opening OPCs in their cities. OPCs have been

endorsed by a number of professional bodies including the American Public Health Association, the Law Enforcement Action Partnership, The International Narcotics Control Board, the American Medical Association (AMA), the International Drug Policy Consortium, and the European Monitoring Centre for Drugs and Drug Addiction.

Due to federal drug laws, such sites would ideally be placed on city property. What will you do to support the creation of a publicly-funded pilot OPC in the City of Chicago?

A – This question combines all of my answers above plus the issue of legal liability. The law department of the city would need to be certain we are protecting our citizens and not exposing them to lawsuits that could cause taxpayers to become responsible for others' poor decisions. As I said above, I am open to the concept but the implementation will require professional medical involvement of many experts with the focus of always saving lives.

Decriminalization

5. We advocate for the decriminalization of all drug use and possession. The War on Drugs has failed to address drug-related harms while having a disproportionate impact on incarceration rates in Black and Latino communities. To that end, we support the elimination of legal penalties for drug-related infractions. A study by the World Health Organization found that countries such as the U.S. that uphold punitive drug laws did not achieve lower levels of drug use amongst their populations when compared to countries with less criminally punitive laws. Several countries and some U.S. municipalities have or are beginning to support a variety of decriminalization measures that recognize substance use as a public health matter rather than a law enforcement one. In 2001, for instance, Portugal simultaneously decriminalized drug use and possession via a reclassification of penalties, while also increasing access to harm reduction and treatment services. This combination of criminal justice reforms coupled with aggressive public health investments reduced drug-related mortality, problematic substance use and arrests, rates of infectious diseases, and also increased drug treatment participation.

What will you do to support decriminalization of all drug consumption and possession city-wide, particularly in communities hardest hit by the War on Drugs? Furthermore, how will you ensure Black and Latino-led organizations are included in all decision making?

A – Here again, I am not personally qualified to decide which drugs are dangerous and which ones are not. Taking one at a time, professionals will study each one and provide their expert opinion/recommendation for a position for decriminalization, like in the case of marijuana. I support the notion that enforcement of drug laws disproportionately hurts our minority communities and should be eliminated for that reason alone. But the reality is that some of these drugs need study by medical professionals before we make such an important decision with increasing safety as our primary focus.

Drug-Induced Homicide

6. Drug-induced homicide laws have been used to criminalize anyone who uses, shares, and/or sells drugs. These laws are often applied when an individual calls 911 for assistance in the event that someone they are with experiences a fatal overdose after using illicit substances. This often results in an arrest of the individual who responds to the life-threatening emergency simply because they had shared drugs with or sold drugs to the individual who overdosed and died. Drug-induced homicide laws only weaken 911 Good Samaritan laws designed to prevent overdose fatalities and persist despite any evidence that they actually reduce drug use or sales. Unfortunately, these laws result in further disengaging PWUD from emergency medical services in the event of an overdose, further exacerbating the risk of death.

In what ways will you support the elimination of drug-induced homicide laws?

A – This is a very important discussion and debate that has barely just begun. I believe we need to bring this issue to the table of medical professionals, community health experts and other applicable specialists and authorities to have a candid exchange of data and information to frame a comprehensive strategy that can be presented as best practices for the recovery and betterment of our citizens with these particular challenges. With this at the forefront, more lives can be saved.